

**CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
BUSINESS OPERATIONS DIVISION
EBE PARTICIPATION FOR SUBCONTRACTORS AND/OR MATERIAL SUPPLIERS**

PRIME CONTRACTOR'S NAME: _____ BID OR RFP NUMBER: _____

START DATE: _____ TOTAL BID AMOUNT: \$ _____ TOTAL EBE AMOUNT: \$ _____

Please list below **all** proposed subcontractor(s) and/or material supplier(s) for this project.

| EBE FIRM(s) NAME ADDRESS/CONTACT PERSON AND PHONE NUMBER | % OF BID | SUB-CONTRACTOR/OR SUPPLIER | WORK PERFORMED/ MATERIAL SUPPLIED | AMOUNT | AUTHORIZED EBE(S) OWNER/REPRESENTATIVE SIGNATURE OF ACKNOWLEDGMENT |
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Authorized Signature: _____ Print Name & Title: _____

RETURN THIS FORM WITH THE INVITATION-TO-BID AND/OR REQUEST FOR PROPOSAL.

Reviewed By: _____ Date: _____
PURCHASING AGENT (DOA) Business Operations Division

Reviewed By: _____ Date: _____
BUSINESS ANALYST SENIOR (DOA) EBE Program